PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
	<u> </u>	(Column 1) (Column 2)					SMALL ENT	ттү Ш	OR	OTHER THAN SMALL ENTITY		
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT.	LL ENT. = \$ 150		GE ENT. = \$ 300	1 1	BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ther situations = 5 100 / \$ 200		EXAM. FEE	100		EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400			other situations = \$ 250 / \$ 500		SEARCH FEE	200		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			18' min	nus 20 =	*			X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT CL	a m	ninus 3 =	•			X \$ 100 =		OR	X \$ 200 =		
MUI	TIPLE DEPEN	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* 15	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	450	OR	TOTAL	
	1	(Column 1) CLAIMS REMAINING	(Column 2) (Column 3) HIGHEST NUMBER PRESENT			(Column 3)	 	SMALL ENTITY		OR	OTHER SMALL E	
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=	Į	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE FEE												
		(Column 1)	,	(Colun		(Column 3)	_			_		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***	_	=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Washington, D.C. 2022

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 2 Serial/Patent # 10/528/47								
3 Pl	ease refund the following fee(s):	4 PA NU	PER MBER	5 DATE FILED	6 AMOUNT			
	Filing				\$ 50			
ļ	Amendment				\$			
ļ	Extension of Time				\$			
	Notice of Appeal/Appeal				\$			
	Petition				\$			
ļ 	Issue				\$			
	Cert of Correction/Terminal Disc.				\$			
	Maintenance	i			\$			
	Assignment				\$			
	Other		•		\$			
			7 TOTAL AMOUNT of REFUND \$ 50					
		8 TO BE REFUNDED BY:						
10 RE	ASON:	Treasury Check						
V	Overpayment	Credit Deposit A/C #:						
	Duplicate Payment		9 0	10	035			
No Fee Due (Explanation):								
Kule clasge - 08 Dec soof-								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME:								
SIGNATURE Terry M. Johnson Justle PHONE: 703-308-9140								
office: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPR	OVED:	DATE	:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B